

Office Use Only

Application No. _____

Grant Award No. _____

**ADMINISTRATIVE OFFICE OF THE COURTS
Department of Family Administration
CASA GRANT APPLICATION**

Fiscal Year 2009

I. Application Information

Project Name: _____

Grantee/Organization Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Organization Director (if applicable): _____

Project Director: _____

Federal ID Number (EIN) (required): _____

DATE SUBMITTED: _____

TOTAL AMOUNT REQUESTED: _____

II.

a. (1) Request from Administrative Office of the Courts _____

(2) Applicant cost-sharing portion (Match) _____

(3) Total Project Funding _____

b. Type of funding: ☐ New ☐ Renewal ☐ Modification

c. Time Period of Grant Request: From _____ to _____

In applying for CASA Grant Funds, applicants agree to abide by the Fiscal Year 2009 Grant Guidelines.

d. Name and Address of authorizing Official
(Agency or Unit Head of Local Jurisdiction)

Name, Address, and Telephone Number
of authorizing Fiscal Agent (Local Juris.)

Signature

Date

Telephone

III. Payment Information

Payee: _____

Person to Whom Payment is to be sent: _____

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Person authorized to approve project expenditures: _____

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Please use this form to submit your budget request for Fiscal Year 2009. Fiscal Year 2009 covers the period from July 1, 2008 through June 30, 2009. Application requests must be received no later than May 9, 2008. Please submit an ORIGINAL SIGNED COPY to the following address. We cannot accept faxed, emailed or incomplete requests:

*Pamela Cardullo, Ortiz, Executive Director
Department of Family Administration
Administrative Office of the Courts
Maryland Judicial Center
580 Taylor Avenue, 2nd floor
Annapolis, MD 21401
Phone: 410-260-1580*

Part 1: PROGRAM CAP CITY

see pages 5-6 of *A Performance Based Funding Model for Maryland CASA Programs*

A. Capacity Level Base Funding. Please record the number of active volunteers that were assigned to and served children during the prior four quarters, as reported by your organization. All programs must answer all questions in this section to be eligible for funding.

No. Active Volunteers

4th Qtr SFY07			
1st Qtr SFY08			
2nd Qtr SFY08			
3rd Qtr SFY08			
TOTAL/		/4 =	

Capacity Level Base Funding

Program Capacity Level (See p. 6):	
Capacity Level Base Funding	

No. of Supervisor FTEs

The program currently has the following number of FTE supervisors (actively supervising):	
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Jurisdiction and Caseload Data

1. Jurisdiction(s) to be Served by this Grant:	
2. No. of children in foster care in the jurisdiction in the last year for which data is available:	
3. No. of children currently served by the program:	
4. No. of CINA and TPR cases filed or reopened during the prior fiscal year:	
5. No. of children newly assigned a CASA during the last fiscal year:	

B. Non-Renewable Expansion Grant Funds (If Applicable). If desirable, your organization may apply for a non-renewable expansion grant to support planned efforts to enhance the program's capacity to serve additional children. Please keep in mind that matching fund requirements also apply to expansion grants. **Maximum Expansion Grant per Organization for SFY09: \$23,175.** Complete this section only if your organization is applying for a non-renewable expansion grant.

Expansion Grant Requested

Expansion Grant Funds requested:	
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Narrative. Please insert below a description of why an expansion grant is needed and what your program hopes to accomplish with the additional funds. What positions do you hope to create and how will your organization provide the additional match required.

C. Multi-jurisdictional Bonus (If Applicable). Jurisdictions that serve more than one jurisdiction are entitled to a multi-jurisdictional bonus, provided their service to that jurisdiction is substantial. **Maximum Amount of Jurisdictional Bonus (per additional jurisdiction served): \$20,000.** *Complete this section only if your organization is applying for a multi-jurisdictional bonus.*

Data to Support Request for Multi-jurisdictional Bonus

1. List of all jurisdictions that will be served by the program:	
2. No. of children served by the program in each jurisdiction during the prior year (list separately):	

Multi-jurisdictional Bonus Requested

Amt. of Multi-jurisdictional Bonus requested:	
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Narrative. *Please insert a description below of how your program will work to ensure all jurisdictions are adequately served. Indicate whether staff or resources are specifically assigned, how recruitment efforts are handled, and whether your organization has offices or uses facilities in each jurisdiction. Does the program's board include members from all jurisdictions served? Are fund raising efforts focused on all jurisdictions served?*

Part 2: PROGRAM PERFORMANCE

see pages 7-10 of A Performance Based Funding Model for Maryland CASA Programs

The amount of funding awarded each program in this section will be based on the program's fulfillment of the "Ten-Point Performance Model" outlined on pages 7-10 of *A Performance Based Funding Model for Maryland CASA Programs*. Each point is weighted equally (25 points each) for a total possible performance score of 250. **Maximum performance award per grantee for SFY09 is \$35,000.**

Performance Grant Requested

Amt. of Performance Grant requested:	
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Narrative. *Please insert a narrative outlining how the program fulfills each of the ten points. Please address each point individually.*

MATCH: Applicant Cost-Sharing Portion

Applicants are required to provide a 100% match for all grant-funded expenditures.

Narrative. *Please insert below an explanation of how your program will meet its matching fund requirements.*

GRANT REQUEST SUMMARY

CASA Grant Request Summary

1A. Base Capacity Funding Requested:	
1B. Expansion Grant Requested (If Applicable):	
1C. Multi-jurisdictional Bonus Requested (If Applicable):	
2. Program Performance Grant Requested:	
TOTAL GRANT REQUESTED:	
Applicant Cost Sharing (100%) Match):	
Total Program Funds:	

LETTERS OF SUPPORT

Please attach a letter of support from the juvenile judge of the Circuit Court for each jurisdiction to be served by the program.

Budget FY2009
CASA Grantees

GRANTEE

Please complete the table below to indicate your proposed budget for FY2009. This budget should reflect how you expect to spend your FY2009 CASA Grant Award. If the full amount is awarded it will be signed and returned to you. If a lesser amount is awarded you will be asked to submit an adjusted budget.

Please enclose with your grant application and forward to:

Pamela Cardullo Ortiz, Executive Director
Department of Family Administration
Administrative Offices of the Courts
580 Taylor Avenue, 2nd floor
Annapolis, Maryland 21401

FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED

<i>Description</i> <i>Operational Expenses</i>	<i>Grant Annual Expenditures</i> <i>A</i>	<i>Grant One-Time Costs</i> <i>B</i>	<i>Total Grant Expenses [A + B]</i> <i>C</i>	<i>Matching Fund Expenditures</i> <i>D</i>	<i>TOTAL Program Costs [C + D]</i> <i>E</i>
Personal Costs					
Personnel (list positions & itemize salary/fringe for each): 1. 2. 3. 4.					
Administrative Costs					
Equipment/software (list each separately) 1. 2. 3.					
Contracts/Consultants (list each separately) 1. 2. 3.					
Printing/Photocopying					
Supplies					
Telephone					
Training 1. 2.					
Travel					
Other Direct Costs (specify) 1. 2. 3. 4.					

<i>Description</i> <i>Operational Expenses</i>	<i>Grant Annual Expenditures</i> <i>A</i>	<i>Grant One Time Costs</i> <i>B</i>	<i>Total Grant Expenses [A + B]</i> <i>C</i>	<i>Matching Fund Expenditures</i> <i>D</i>	<i>TOTAL Program Costs [C + D]</i> <i>E</i>
Indirect Costs/Administrative					
TOTALS					

SUBMITTED BY:

APPROVED:

Name and Title

Date

Pamela Cardullo Ortiz, Exec. Dir., DFA

Date